

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 804819 (1)
 1. Corporation Name
BITUMINOUS CASUALTY CORPORATION



Principal Place of Business C/O ROBERT RAINEY 320 18TH STREET ROCK ISLAND IL 61201	Mailing Address C/O ROBERT RAINEY 320 18TH STREET ROCK ISLAND IL 61201-8718
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25 Country 30
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3. Date Incorporated or Qualified 11/06/1937	3a. Date of Last Report 02/05/1996
4. FEI Number 36-0810360	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**NORTON INSURANCE OF FL.
 2 ELGIN PARKWAY NE
 SUITE 33
 FT. WALTON BEACH FL 32549**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> DELETE
NAME	LARDNER, PETER
STREET ADDRESS	320-18TH ST.
CITY-ST-ZIP	ROCK ISLAND IL
TITLE	P <input type="checkbox"/> DELETE
NAME	SANTRY, JAMES
STREET ADDRESS	320-18TH ST
CITY-ST-ZIP	ROCK ISLAND, ILL 00000
TITLE	VT <input type="checkbox"/> DELETE
NAME	RAINEY, ROBERT
STREET ADDRESS	320 18TH STREET
CITY-ST-ZIP	ROCK ISLAND IL
TITLE	V <input type="checkbox"/> DELETE
NAME	ATOR, ROBERT G
STREET ADDRESS	320-18TH ST.
CITY-ST-ZIP	ROCK ISLAND IL
TITLE	V <input type="checkbox"/> DELETE
NAME	SNODGRASS, WILLIAM A
STREET ADDRESS	320-18TH ST.
CITY-ST-ZIP	ROCK ISLAND IL
TITLE	V <input type="checkbox"/> DELETE
NAME	SUNDQUIST, JAMES W
STREET ADDRESS	320-18TH ST.
CITY-ST-ZIP	ROCK ISLAND IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	ROCK ISLAND IL 61201
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	ROCK ISLAND IL 61201
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	ROCK ISLAND IL 61201
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	ROCK ISLAND IL 61201
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	ROCK ISLAND IL 61201
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	ROCK ISLAND IL 61201

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: Robert Rainey **REQUIRED** Date: 2/20/97 Daytime Phone #: 309 786 5401 ext 397

CR2E034 (9/96)